

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) TI-36203						
CERTIFICATE OF MAILING OR TRANSMISSION (37 CFR 1.8(a)) I hereby certify that this correspondence is being: <input type="checkbox"/> deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Mail Stop Petition , Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 <input checked="" type="checkbox"/> transmitted electronically to the United States Patent and Trademark Office.		In re Application of <div style="text-align: center; padding: 5px;">Toru Takeuchi et al</div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="padding: 2px;">Application Number 10/748,985</td> <td style="padding: 2px;">Filed 12/30/2003</td> <td style="padding: 2px;">Conf. No. 8246</td> </tr> </table> For: <div style="padding: 5px; text-align: center;">Current-Sense Bias Circuit for a Magnetoresistive Head and Method of Sensing a Current Therethrough</div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="padding: 2px;">Art Unit: 2627</td> <td style="padding: 2px;">Examiner: V. Kapadia</td> </tr> </table>		Application Number 10/748,985	Filed 12/30/2003	Conf. No. 8246	Art Unit: 2627	Examiner: V. Kapadia
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Applicant hereby appeals to the Board of Appeals and Interferences from the last decision of the examiner. The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$500.00 <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: _____ <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 20-0668. I have enclosed a duplicate copy of this sheet. <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.38(a) (PTO/SB/22) is enclosed. </div> <div style="width: 15%; text-align: right;"> WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. </div> </div>								
I am the <input type="checkbox"/> applicant/inventor. _____ /Carlton H. Hoel/ <div style="text-align: right; margin-right: 50px;">Signature</div> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) _____ Carlton H. Hoel _____ <div style="text-align: right; margin-right: 50px;">Typed or printed name</div> <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>29934</u> _____ (972) 917-4365 _____ <div style="text-align: right; margin-right: 50px;">Telephone Number</div> <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____								
NOTE: Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								

☒ *Total of one (1) form(s) are submitted.